(iv) All the printing and casting machines mentioned in the list appended are reported to be in working order.

Poramboke Cases and Original Land Records.

66. MR. T. M. CHIDAMBARATANU PILLAI: With reference to the answer given to Question No. 34, at the meeting of the Legislative Council held on the 17th Karkadakam, 1097, that the Government were not aware of the fact that in *poramboke* cases the *ayacut* and *ozhugu* were not being examined, will the Government be pleased to state whether they have since taken steps to ascertain the truth and, if not, whether Government intend to make enquiries regarding it?

MR. R. KRISHNA PILLAI: The answer is in the negative. Government do not consider it necessary or desirable to lay down an obligatory rule that the officer competent to dispose of *poramboke* cases should, on his initiative, examine the *ayacut* and *ozhugu* accounts relating to the land forming the subject-matter of each case. But under Section 10 of Regulation IV of 1091 and under Sections 10 and 11 of the Rules issued thereunder, the officer will issue notices to the parties concerned and receive and consider any evidence that may be adduced by them. It is for the parties to produce the *ayacut* and *ozhugu* accounts before the officer as evidence, if they consider them to be helpful to their case. Circular orders have also been recently issued to the revenue officers to allow parties sufficient time and convenience to adduce evidence in *poramboke* cases.

Infantile Mortality.

67. MR. T. M. CHIDAMBARATANU PILLAI: Will the Government be pleased to place on the table the report submitted by the Sanitary Commissioner, Mr. K. Madhavan Pillai, on infantile mortality?

MR. R. KRISHNA PILLAI: A copy of the report* referred to is placed on the table.

Maintenance and Extension of the Alattura Channel.

68. MR. T. M. CHIDAMBARATANU PILLAI: (*a*) Will the Government be pleased to state the amount sanctioned for the maintenance of the Alattura channel cut from the Kadukkara hill of the Tovala taluk to the Pulikurichi tank, Tazhakudi?

(*b*) Will the Government be pleased to state the amount expended each year from 1090 to 1097 for the maintenance of the Alattura channel?

(*c*) Will the Government be pleased to state whether there is any idea of extending the Alattura channel as far as Mailadi, Kottaram and Cape Comorin and whether there is any correspondence as regards the matter?

(*d*) Has it been brought to the notice of Government that on many occasions the Tovala channel was breached as a result of allowing water to flow beyond the capacity of the channel?

* *Vide* Appendix II-page 236.

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APPENDIX II.

[*Vide* **Answer to Question No. 67**.]

Letter from the Acting Sanitary Commissioner to the Government *re* training of Midwives.

No. 1149. Office of the Sanitary Commissioner,

Trivandrum, 7-11-21.

FROM

THE SANITARY COMMISSIONER,

TRAVANCORE.

To

THE CHIEF SECRETARY TO GOVERNMENT,

TRAVANCORE—TRIVANDRUM.

SIR,

I have the honor to bring to the notice of Government that the Shencottah Municipality had recorded an infantile death-rate of 314·28 amongst a thousand registered births in the second quarter of 1094, 306·67 during the second quarter of 1095, 411·76 in the second quarter of 1096 and 321·42 during the fourth quarter of 1094. The Vaikam Municipality had registered an infantile death-rate of 337·34 during the fourth quarter of 1094 and 300·00 in the second quarter of 1095.

The Nagercoil Municipality had an infantile death-rate of 231·34 during the fourth quarter of 1096 and the Kuzhitturai Municipality had 285·72 in the second quarter of 1095. Attingal Municipality had 253·33 in the second quarter of 1095. Kayankulam Municipality had 268·29 in the third quarter of 1094 and 245·61 in the second quarter of 1095. Parur Municipality had recorded 258·06 in the third quarter of 1095. There can hardly be any doubt that lives of infants more or less approaching the numbers given above are lost in rural areas also. It appears to be clear that nearly one infant out of every four born alive is dead. This is an appalling state of affairs and calls for earnest, sympathetic and easily attainable measures of prevention.

The chief cause of this appalling rate of infantile mortality is, doubtless, the untrained, illiterate and dirty hereditary midwife. She is *destruction incarnate* to the newly born and to its mother. This indigenous midwife, out of her ignorance, vanity and filthiness, inflicts on the mother and the infants cruelties of a kind that will shock enlightened humanity and are horrible beyond description, but familiar to medical men and women practising midwifery and in diseases of women and children. Injuries that entail life-long suffering are inflicted on the mother and the new-born and a description of them is out of place in a lay report of this kind. Jumping on the abdomen of women in labour and throwing sand and dry earth into maternal passages are not infrequent occurrences in a lying-in room

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where all knowledge of what takes place is securely hidden from the male members. The current notions of propriety and usage demand absolute secrecy in respect of what takes place in a lying-in room and what is most devoutly wished for is that the child should be born before the news of a woman being in labour reaches other ears. This is the opportunity for the indigenous midwife who practises all vagaries of which she is capable on the unfortunate woman in labour.

The root cause, therefore, of an evil of this magnitude is the indigenous midwife and what will successfully achieve her removal from her field of destructive activities can alone succeed in ameliorating the conditions under which a very large number of the lives of infants are lost and grave risks run by parturient women. The best and the only way to remove the indigenous midwife from her present position is to replace her by women whose qualification and competency for the work are duly recognised and appreciated. For this object, this country affords opportunities which, perhaps, no other part of India does. In this country female education has advanced considerably, and what is of greater advantage is that there are any number of poor women, intelligent and sufficiently educated to understand the principles of midwifery, so as to enable them to conduct natural labours on scientific lines and to grasp the essential points in the puerperium and in the care of the new-born, who are available and willing to be thus employed. It is these women who should be taken hold of. There is an idea that all that is desirable may be attained by giving some sort of instruction to the barber women, who form the bulk of this class of indigenous midwife. I have no doubt this is wrong and is bound to fail. In the first place, to wean the hereditary midwife from her established practices is a matter of the utmost difficulty, and working amongst sections of people tenacious of old customs, the chances are that she will revert to her old practices. To supplement her crude notions of midwifery with scientific knowledge based on Western lines will tend to destroy whatever good there might be in the old and fail of achieving the desired object in respect of the new. The attempt would, therefore, in all probability, result in loss, and certainly not in gain.

The Ayurvedic system has in this respect nothing to show that will compare with the advantages of the services in the lying-in room of a midwife trained on Western lines. The services of qualified midwives are generally appreciated and sought after not alone by the educated classes but by the masses when difficulties arise in the course of labour which the hereditary midwife is unable to meet. It is encouraging to note that the idea has taken firm root in the minds of the masses that the midwife trained on Western lines is greatly the superior of the indigenous one. But what stand in the way of her services being freely availed of are the incurable tendency on the part of the masses to cling to acquired habits, the poverty of the masses and the paucity of midwives.

Amongst a population of 40 lakhs of people, there might be as many as a lakh and a half child-births taking place annually and the number of child-births attended to each year by qualified midwives does not

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exceed 4,000. Nearly 98 per cent. of deliveries take place under conditions involving grave peril to mothers and infants, the hereditary midwives contributing the lion's share of the evil. In this country where medical relief is so elaborately organised and munificently distributed, it remains a pity that the prime cause of a large proportion of ailments receiving care and attention in hospitals and dispensaries and costing large amounts of money to Government is left without any attempts being made to remove it.

The remedy, as I have already stated, lies in completely replacing the indigenous midwife by women duly qualified in the Western system of midwifery. The number of girls required are available for training. The girls who have studied up to the 4th or 5th form may be admitted as pupils and trained in four or more different centres where schools for training midwives may be opened. These schools should be attached to important district hospitals and the medical officers in charge of these hospitals assisted by their midwives should impart instruction in the practice and theory of midwifery. The course of instruction need not exceed 12 months. About 15 students may be trained in each centre and the medical officer may be given an allowance between Rs. 35 and Rs. 50 and the midwife between Rs. 7 and Rs. 10 per month for teaching.

The pupils will attend the classes without stipends.

After training, these midwives should be posted to different *pakuthies*, and in order to induce them to settle down in those places, monthly grants of money varying between Rs. 7 and Rs. 10 per month may be given for a year or two. After this period there need not be the shadow of a doubt that these women will have become sufficiently popular in the place to enable them to earn a decent living and the grants may then be withdrawn. Some system of supervision over their work may be organised and the conduct of a certain number of labour cases every month may be insisted upon as a necessary condition preliminary to the award of grants. They must attend on all poor women in labour and go about advising pregnant women in regard to their general health. The expenses incurred will be a trifle compared with the mass of human suffering removed and the appalling rate of infantile death reduced. Experience will show that the results achieved have transcended all expectations.

I am not aware what the nature of the local agency that will be created for the collection and registration of vital statistics in rural areas is, but I would in that connection do no more than mention these trained midwives working in the different nooks and corners of the country.

I have the honor to be,

Sir,

Your most obedient servant,

(Sd.) K. MADHAVAN PILLAI,

Ag. Sanitary Commissioner.

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